

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? TYES NO

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMA	ATION		<b>2000年的</b> 中国共和国企会
1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name CAR ☐ ☐ ☐ ← ☐ ☐ ← ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
2. Acronym or abbreviated name, if any	3. Committee telep	984-573	32
4. Mailing address (address where all campaign finance correspondence is received) Check 2060 WEST MORSE DR.	ck if this is a new ad	dress	F
5. City, state, ZIP code	6. Party affiliation (	if applicable)	
CICERO IN 46034	KE	PUBLICAN	
CANDIDATE INFORMATION (For Candid	late's Committee	es Only)	New York Transport
7. Full name of candidate (include any nickname)	8. Party affiliation of	r if independent	1
CARL A. HARVEY	K	EPUBLICAN	J
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of resid		
CICERO TOWN COUNCIL DEST 1	-	TAMILTON	
TYPE OF REPORT		Market State Control of the Control	CANDIDATES ONLY
1. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and	20 must be "0")	Pre-Convention	
Utgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convention	
2. Reporting period: From: JAN 1. 2003 Through: APRIL V	1.200	This Period	COLUMN B Year to Date
3. Cash on hand and investments at the beginning of this reporting period.	1,200		
Cash on hand and investments January 1, current year.			-0-
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contrib	utions.)		
15a. Itemized (use Schedule A)		250 1	250
15b. Uniternized			
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	250 1	450
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  EXPENDITURES	TOTAL	250	230
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		-0-	0
17b. Uniternized		-0-	0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	-0-1	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both colum	mns) TOTAL	250	250
19. Debts OWED BY the committee (use Schedule D)		-0-	
20. Debts OWED TO the committee (use Schedule E)		-0-	
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#### CERTIFICATION

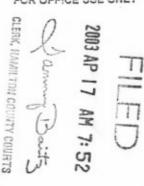
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Signature on File

ARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





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# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
CARL A. HARVEY CANTHEN FACILITIES PLANNER CANTHEN 2060 WEST MURSE DZ. CICERO, IN 46034	Contributions:  Direct In-Kind (describe)	4	4,50	3-01-03
is imperative to list the full name of the contributor.	Other Receipts:  Interest  Loan Misc (specify)	250		CARL A. HARNEY
Contributor's Occupation (if required)				
2 Isrenate box. For in-land contributions describe the general s, etc.). For "miscetteneous", be as specific as possible.	Contributions: Direct In-Kind (describe)	R OTHER R	O MORTUELE evided (evide a	CORCONIA 2 or sarvice pa
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Contributor's Occupation (if required)				atabese non ti
na B is the same as the entry in Column A.	Contributions: Direct In-Kind (describe)	salandar yas	dose to the	e first repo
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Contributor's Occupation (if required)	t partecal oute seco	at sammer		
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Contributor's Occupation (if required)	Other Receipts:  Interest □Loan  Misc (specify)	NEDUCE A. III.	GES OF SC arter carter	OF ALL PA
	Contributions:			
5.	□ Direct □ In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	IS PAGE OF SCHEDULE A	\$ 250		
TOTAL OF ALL PAGES OF SCHEDULE A ( Enter total on ITEM 15a of the Summary S		s		



MUST be itemized on this schedule.

#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999 INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees)

#### (CFA-4 SCHEDULE B) **Itemized Expenditures**

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page			of			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	purp and ke so	PUBLIC QUESTION INFORMATION	eogga á sa no	ivaeup olidug e	of to her an
Type of Question: Statewide Locosition: Supported Opposed	al	te public quedien la statewide er lec			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER	

INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the
committee during the reporting period. Include all amounts owed for or to lending institutions, individuals,
credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the
name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes
loans of at least \$1,000 during the calendar year. Otherwise, this is ontional

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# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

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INSTRUCTIONS: Please						
this schedule, see instruc	tions on the reverse s	side. List all d	ebts, loans,	, regardless of	amount, OWED	TO the
committee during the	reporting period.	. Include all	amounts t	he committee	has loaned to	others.

BORROWER'S NAME AND MAILING ADDRESS  (street, number, city, state, ZIP code)  CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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